

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

May 4, 2016

Ms. Jennifer Bibeault, Manager  
Brookwood  
2 School Street  
North Springfield, VT 05150

Dear Ms. Bibeault:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on April 5, 2016. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

MAY 03 2016

PRINTED: 04/18/2016  
FORM APPROVED

## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 04/05/2016
NAME OF PROVIDER OR SUPPLIER  BROOKWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 2 SCHOOL STREET NORTH SPRINGFIELD, VT 05150		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments:  An unannounced on-site re-licensing survey and two complaint investigations were completed by the Division of Licensing and Protection from 4/4 through 4/5/16. Based on information gathered, the following regulatory violations were cited:	R100		
R140 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.8 Physician Services  5.8.d All physicians' orders obtained via telephone shall be countersigned by the physician/licensed practitioner within 15 days of the date the order was given.  This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review the facility failed to ensure that physician telephone/fax orders are countersigned within 15 days of the date the order was given, for 3 of 5 sampled residents. For Residents #1, #4 and #5 the findings include the following:  1. Per record review, Resident #1 has a physician order dated 2/19/16 that directs staff "No changes in Coumadin" (a medication used to prevent blood clots) and "Check Prothrombin Time (PT/INR) in one month" (a laboratory test to evaluate blood clotting).  Per interview with the Registered Nurse (RN) Administrator, confirmation is made that the order has not been signed by the physician, 30 days beyond the regulatory requirement.  2. Per record review Resident #4 has a physician order dated 10/20/15 "Discontinue Artorvastatin"	R140	The RD has sent out 4-15-16 All orders to be signed, that were over 15 days. New protocol - Every telephone order sent out copy put in a folder if not back within 1wk re sent with telephone call to provider to ensure back in house within 15 days. This Protocol has been put in place. Should eliminate Problem of late signing of orders.	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

0T2011

If continuation sheet 1 of 14

R140 - R266 POCs accepted 5/3/16 MBetrana RN/rmc

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R140	Continued From page 1  (a medication used to treat elevated cholesterol levels) and a second order dated 2/15/16 "Increase Seroquel to 100 milligrams (mg) by mouth (po) every morning and to continue Seroquel 100 mg po at 5:00 PM daily". (Seroquel is a medication used to treat depression and bipolar disease.)  Per interview with the Registered Nurse (RN) Administrator confirmation is made that the first order has not been signed by the physician, 173 days beyond the regulatory requirement. The second order also, has not been signed by the physician, 5 days beyond the regulatory requirement.  3. Per record review Resident #5 has a physician order dated 1/14/16 directing staff to "Discontinue Alendronate, (a medication used to treat osteoporosis) and to check calcium levels in 8 weeks".  Per interview with the Registered Nurse (RN) Administrator, confirmation is made that the order has not been signed by the physician, 36 days beyond the regulatory requirement.	R140			
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.9.c (2)  Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;	R145	The RN will update care plan as part of doing resident assessment yearly and with any resident change of status assessment. - in addition residents care plans will be reviewed monthly with		5/13/16

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R145	Continued From page 2  This REQUIREMENT is not met as evidenced by: Based on observation, record review and confirmed by the Registered Nurse (RN), the facility failed to ensure that the written plan of care, for 1 of 5 sampled residents, reflects Resident #4's current status. Findings include the following:  Record review identifies that Resident #4 had an annual reassessment completed on 10/26/15. Care plan evidences that the plan was reviewed by the RN on 3/20/15. The nurses notes and physician orders identify that Resident #4 has had medication adjustments to Seroquel, (used to treat depression and bipolar disease), due to aggressive behaviors, verbal yelling at others and not wanting to bathe.  Per interview with the RN, confirmation was made that the care plan has not been updated to reflect the resident's current status.	R145	monthly assessment by RN. and also with any change in behaviors or behavior medication. This will be written as a policy.	
R161 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.b The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures.  This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview, the Manager of the facility failed to ensure that all medications are handled according	R161	The RN will observe 2 med passes by staff prior to completing orientation. Will document infection control procedures were followed. — once orientation completed RN will observe medication Pass within 1st month to ensure staff continues to follow medication	5/15/16

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R161	<p>Continued From page 3</p> <p>to the home's policy on infection control during a medication administration observation for 3 residents (Resident #5, #7 and #8). The findings include the following:</p> <ol style="list-style-type: none"> <li>1. Per observation during the 9 AM medication pass with an approved Medication Technician, Resident #5, #7 and #8 were assisted with/administered their morning medications. The technician did not wash or sanitize his/her hands after coming in direct contact with each resident.</li> </ol> <p>At the completion of the medication pass, after 26 medications had been delivered, the technician confirmed that s/he had forgotten to wash and/or sanitize his/her hands in-between residents.</p> <ol style="list-style-type: none"> <li>2. Per observation of a medication pass with an approved Medication Technician, s/he prepared medications for administration for Resident #5. On approaching the resident, the technician removed one tablet from the cup and placed it on an unprotected table in the common area adjacent to where the resident was sitting. The technician then proceeded to administer each medication to the resident by placing one tablet at a time into the resident's mouth. Finally, the technician picked up the tablet that had been placed on the unprotected table and with her/his bare hands placed the contaminated tablet in the Resident #5's mouth. The technician then proceeded to administer injectable insulin into Resident #5's abdomen with out cleansing the injection site.</li> </ol> <p>The Registered Nurse Administrator/Manager was present during Resident #5's medication administration.</p>	R161	<p>administration procedures and infection control - if staff does not follow correct procedure they will be observed passing meds until demonstrate compliance with policies.</p> <p>This will be documented on orientation skills list. - Staff will also be given policy on med delegation + infection control to read + sign for understanding during orientation.</p>	

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R161	Continued From page 4  Per facility policy titled "Infection Control" identifies that hand washing is to be performed by staff after every physical contact with resident, staff will wear gloves when in contact with any bodily fluids and staff will wash hands in between administering medications. The policy also identifies that "staff will wear gloves when in contact with any bodily fluids". Policy titled "Delegation of Administration of Medications" identifies that the "staff person who have completed the training are capable of demonstrating appropriate infection control and safety measures."  At the completion of the medication pass, after 26 medications had been delivered, the technician confirmed that s/he had forgotten to wash and/or sanitize his/her hands in-between residents. S/he acknowledged that she had not prepared the resident's site for injection and she contaminated one tablet by placing it on the unprotected table surface. (see also R169)	R161			
R165 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.d. If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:  (3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's	R165	Prior to 1 year anniversary and every subsequent year thereafter The RN will observe 2 medication passes that are observed and unplanned. including insulin administration if any current residents receive insulin. will note compliance with protocol		

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R165	Continued From page 5  condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions. This REQUIREMENT is not met as evidenced by: Based on employee file review and interview with the Registered Nurse (RN) Administrator/Manager, the facility has failed to monitor and evaluate 5 designated medication technicians on their performance in carrying out medication administration. The findings include the following:  Per review of personnel files for Employee #1 hired 6/20/13, #2 hired 11/14/09, #3 hired 10/26/15, #4 hired 4/13/14 and #5 hired 11/7/14, do not contain any evidence that an annual evaluation and/or monitoring of medication administration performance has taken place.  Per interview with the RN Administrator/Manager confirmation is made that s/he does not conduct formal evaluations on staff.	R165	and policies under med delegation and infection control. This will be documented on a yearly staff review form kept in staff record. If any non compliance issues will review with staff and observe another med pass within 1 month of annual review.	5/30/16
R169 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.e Staff responsible for assisting residents with medications must receive training in the	R169	ALL current staff that have been approved to pass medo will have an unplanned observation of med pass which includes insulin administration	5/30/16

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R169	<p>Continued From page 6</p> <p>following areas before assisting with any medications from the licensed nurse:</p> <p>(1) The basis for determining "assistance" versus "administration".</p> <p>(2) The resident's right to direct the resident's own care, including the right to refuse medications.</p> <p>(3) Proper techniques for assisting with medications, including hand washing and checking the medication for the right resident, medication, dose, time, route.</p> <p>(4) Signs, symptoms and likely side effects to be aware of for any medication a resident receives.</p> <p>(5) The home's policies and procedures for assistance with medications.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview, the facility failed to ensure that medications are provided in a manner that utilizes the facility infection control practices during medication administration/assistance observed for 3 residents (Resident #5, #7 and #8). The findings include the following:</p> <p>1. Per observation during the 9 AM medication pass with an approved Medication Technician, Resident #5, #7 and #8 were assisted/administered with their morning medications. The technician did not wash or sanitize his/her hands after coming in direct contact with each resident.</p> <p>At the completion of the medication pass, after 26 medications had been delivered, the technician confirmed that s/he had forgotten to wash or sanitize his/her hands in-between residents.</p> <p>2. Per observation of a medication pass with an approved Medication Technician, s/he prepared</p>	R169	<p>The staff will all be re-educated on proper techniques + procedures prior to observation. If noncompliance occurs will observe staff administration again within a week after continued teaching in deficient areas. Hand outs will be given out with instruction + procedures for them to review and sign. These will also be included in new staff training. This will be documented in each staff member's folder. This will all be done by the RN.</p>		



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R169	Continued From page 7  medications for administration for Resident #5. On approaching the resident, the technician removed on tablet from the cup and placed it on an unprotected table in the common area adjacent to where the resident was sitting. The technician then proceeded to administer each medication to the resident by placing one tablet at a time into the resident's mouth. Finally, the technician picked up the tablet that had been placed on the unprotected table and with her/his bare hands placed the contaminated tablet in the Resident #5's mouth. The technician then proceeded to administer injectable insulin into Resident #5's abdomen with out cleansing the injection site. The Registered Nurse Administrator/Manager was present during Resident#5's medication administration. Per facility policy titled "Infection Control" identifies that hand washing is to be performed by staff after every physical contact with resident, staff will wear gloves when in contact with any bodily fluids and staff will wash hands in between administering medications. The policy also identifies that "staff will wear gloves when in contact with any bodily fluids". Policy titled "Delegation of Administration of Medications" identifies that the "staff person who have completed the training are capable of demonstrating appropriate infection control and safety measures." At the completion of the medication pass, after 26 medications had been delivered, the technician confirmed that s/he had forgotten to wash or sanitize his/her hands in-between residents. S/he acknowledged that she had not prepared the resident's site for injection and she contaminated one tablet by placing it on the unprotected table surface. (see also R161)	R169			

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R178 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>5.11.a There shall be sufficient number of qualified personnel available at all times to provide necessary care, to maintain a safe and healthy environment, and to assure prompt, appropriate action in cases of injury, illness, fire or other emergencies.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, resident interview and confirmed by staff interview, the facility failed to provide a safe environment to assure prompt and appropriate action in cases of injury, illness, fire or other emergencies for 5 of 7 residents residing on the second floor and for Residents #2 and #6. The findings include the following:</p> <ol style="list-style-type: none"> <li>1. Per observation during the recertification survey, 5 of the 7 residents who live on the second floor of the facility, have no mechanism to notify staff of any need during the over-night shift. 3 of the 7 residents who live upstairs are determined to be Enhanced Residential Care (ERC), a nursing home level of care and require assistance managing the stairway. There is no elevator in the building. One resident is diabetic who receives insulin injections as needed for the management of the condition.</li> <li>2. Per interview, Resident #2 and Resident #6 both reside on the first floor and voiced their concerns to the surveyor regarding their inability to obtain assistance during the over-night hours if an emergency existed. Both residents are able to make their needs known, but verbalized, "If the staff are busy at the other end of the building they</li> </ol>	R178	<p>A. Central monitor unit has been purchased and every resident has a call button in their room next to bed. There are also call buttons in every bathroom. On the overnight shift from 8pm → 8am the staff member wears a pager that lets them know who needs help if they are not near the central monitor. The central monitor does not stop sounding until a reset button is manually pressed. We have educated the residents on how to use the button to get help. This does not replace rounds done by caregivers.</p>	4/22/16

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R178	Continued From page 9  won't hear us calling. They have to be in the living room or dining room to hear us".  Per interview with the Administrator, confirmation is made that one staff member is awake through out the night and makes rounds every two hours through out the building. S/he also confirms that 1 resident (who resides on the second floor), does have a pendant/door bell alarm (monitor located in the kitchen) that s/he can trigger should assistance be needed (this resident is legally blind). One resident, who has recently moved into the facility on the second floor, currently has a monitor in place, for staff to become familiar with her routines. The Administrator also confirms that there is no mechanism in place for remaining residents to reach staff for assistance in an emergency situation on either the first or second floors.	R178	Every call button is checked monthly + documented that it is in working order. System is currently in place and working.		
R200 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.15 Policies and Procedures  Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request.  This REQUIREMENT is not met as evidenced by: Based on policy review and confirmed by the Administrator, the facility has failed to develop policies and procedures that address services provided by the home as identified on the Resident Care Home Policy and Procedure Checklist. The finding include the following:	R200	Survey Nurse gave manager / RN copy of all needed policies and procedures. Currently manager is putting in place. Will have copy available for all personnel. This will be completed by 6/30/16	4/30/16	

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R200	Continued From page 10  Per review of the facility's policies and procedures book, there was no evidence that the facility has policies for the following topics: a) Assessments; b) Care plans; c) Personnel regarding licensure; d) Storage of chemicals; e) Food Handling; f) Missing Person; g) Managing of closed records (retention).  Per interview with the Administrator, confirmation was made that s/he was unaware that the above listed policies and procedures were necessary, for she manages these responsibilities.	R200			
R213 SS=D	VI. RESIDENTS' RIGHTS  6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A home may not ask a resident to waive the resident's rights.  This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview the facility failed to provide care and treat 1 of 3 sampled residents, with respect, dignity and privacy. For Resident #5 the findings include the following:  Per observation during the 9 AM medication pass with an approved Medication Technician, s/he was observed placing oral medication in Resident #5's mouth, (one tablet at a time using his/her fingers), in a common area (living room/TV room), and in the presence of both male and	R213	There will be a policy outlining dignity issues how to handle them. This will be covered as a competency in Orientation. Current staff will be given copy and taught about dignity issues and will be added to their employee record.	5/15/16	

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R213	Continued From page 11  female residents. At the completion of the oral administration, the technician lifted the resident's sweater, exposed his/her abdomen and injected Insulin into the resident.  Per interview with the Medication Technician and the Administrator/Manager, (who was present during the medication pass with Resident #5), confirmation was made that the resident's abdomen was exposed during the Insulin injection and that the medication administration to Resident #5 was a violation of her dignity and respect.	R213			
R251 SS=D	VII. NUTRITION AND FOOD SERVICES  7.3 Food Storage and Equipment  7.3.a All food and drink shall be stored so as to protect from dust, insects, rodents, overhead leakage, unnecessary handling and all other sources of contamination.  This REQUIREMENT is not met as evidenced by: Based observation and confirmed by staff interview the facility failed to store multiple boxes and bags of used food items properly to protect from contamination. The findings include the following:  Per tour of the dietary kitchen in the presence of the Administrator/Manager, the following food items were found to be partially used, not sealed and not dated as to when the item was opened. They are as follows:  Multi serving box of biscuit mix opened, unsealed	R251	Kitchen policy has been made that outlines how long dry goods can be used, when to discard and how to label + store.  Kitchen manager has been given a check list to go through all cupboards weekly to verify that policy is being complied with. Then weekly check list is turned into manager.		4/20/16

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0115</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/05/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKWOOD</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2 SCHOOL STREET NORTH SPRINGFIELD, VT 05150</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R251	Continued From page 12  and not dated. 32 ounce partially used bag of brown sugar opened, unsealed and outdated. Box of instant tapioca pudding open, unsealed and not dated. 2 boxes, 16 ounce each of baking soda partially used, not dated and unsealed. Box of corn meal partially used, sealed, but dated opened 2/25. Open bag of coconut dated opened 2/21. 2 (1 pound each) bags of partially used yeast out dated 10/23/15. 6 ounce box of raisins partially used, opened and not sealed or dated. 1 pound box of corn starch open, unsealed and not dated.  3 plastic squeeze bottles containing liquids unidentified and not dated.  Per interview with the Administrator confirmation is made that the dry storage items are not stored properly and the 3 bottles of liquids stored in the refrigerator are salad dressing that are also not labeled or stored properly. S/he also confirms that when foods are open they are to be used for seven (7) days only, then they are to be discarded.	R251		
R266 SS=A	IX. PHYSICAL PLANT  9.1 Environment  9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.  This REQUIREMENT is not met as evidenced	R266	Monthly Facilities Check done by assistant manager has been update and revised to list all areas in bathroom to be checked enclosing seals around	4/20/16

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 04/05/2016
NAME OF PROVIDER OR SUPPLIER  BROOKWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 2 SCHOOL STREET NORTH SPRINGFIELD, VT 05150		
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R266	Continued From page 13  by: Based observation and confirmed by staff interview the facility failed to ensure that 1 of 2 resident bathrooms on the first floor is maintained in a safe manner. The findings include the following:  Per observation during the initial tour with the Administrator/Manager, the Wing bathroom located on the first floor was found to have a soft floor board adjacent to the bathtub. The Administrator confirms that the floor board needs replacement and is very soft and cracked. This is a result of water damage.	R266	Showers, Sinks toilets. toilet paper holders ect. Then the monthly Check list has to be given to manager instead of filed manager then signs off and contacts the Person to fix any issues.	